

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

KINGS DOMINION

Friday - April 19, 2019

9:00am - 6:00pm

Activity Center at Bohrer Park

506 S Frederick Ave. Gaithersburg, MD 20877

Student Union, Grades 9-12

\$45.00

Checks made payable to the City of Gaithersburg.

Visa, MasterCard, Discovery, and American Express accepted.

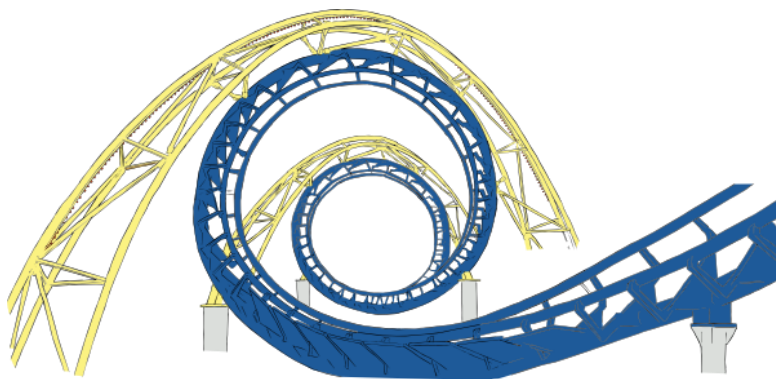
Student.Union@gaithersburgmd.gov

301-258-6350 ext. 168 (office)

301-948-8364 (fax)

506 South Frederick Avenue

Gaithersburg, MD 20877



Dress for the weather and bring money for food.
Kings Dominion does not permit outside food/drinks.
Visit kingsdominion.com for information on park policies.
Students will be in groups that may or may not include a staff member and will be required to check in at designated times/locations

Student Union - Kings Dominion 4.19.19

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Kings Dominion	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐
Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: # 7164

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____